Change of Address Contact

Change of Address for FBMC Benefits:

Please complete/sign the Demographic Change Form and return to Human Resources.

Change of Address for PEIA Benefits:

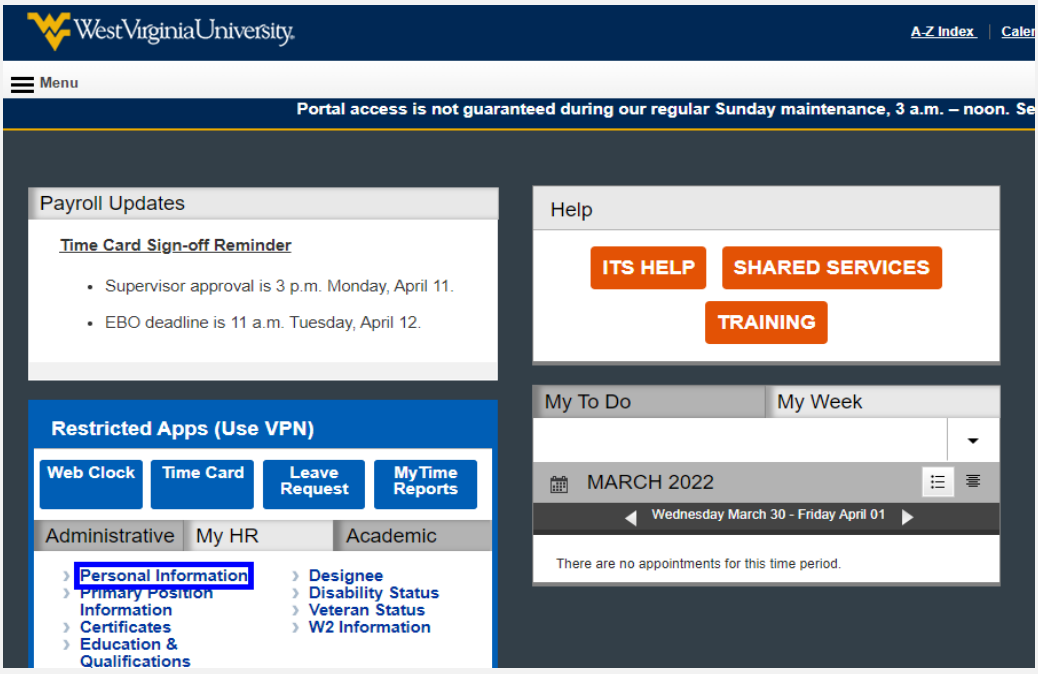
To make the change a policyholder can go into Manage My Benefits and on the account information screen, the name, address, telephone number can be updated by clicking on Edit My Contact. Link: https://peia.wv.gov/

Change of Address for WVU Parkersburg / WVU:

You will need to sign in to WVU's secure browser at https://remote.wvu.edu. If you forgot your WVU username/password, click on https://login.wvu.edu/. Duo Two-Factor will be required next.

In the portal, use your WVU username/password. Duo Two-Factor will be required next.

Click on My HR and finally Personal Information (screenshot below) to update your address.



Change of Address for TIAA:

You will need to sign in to https://tiaa.org

MOUNTAINEER FLEXIBLE BENEFITS
FBMC BENEFITS MANAGEMENT

STATE OF WEST VIRGINIA

Active Employee Demographic Change Form

EMPLOYEE NAME: _____

LAST FOUR DIGITS OF SOCIAL SECURITY # _____

AGENCY NAME: WVU Parkersburg FBMC 4-DIGIT WORK LOCATION #: 0464

INSTRUCTIONS: PLEASE RETURN THIS COMPLETED DOCUMENT TO FBMC BY MAIL OR FAX. BENEFIT COORDINATOR SIGNATURE IS REQUIRED.

PLEASE SELECT THE TYPE OF CHANGE:

☐ Name Change* ☐ Date of Birth* ☐ Change of Address* ☐ Phone Number* ☐ Email*

*Only the indicated demographic information will be updated, no changes to your current benefits will be made. This form cannot be used for updating dependent demographic information.

NAME CHANGE: (Former Name): _____ to

(New Name): _____

DATE OF BIRTH: _____

NEW ADDRESS: _____

_____

PHONE NUMBER CHANGE: _____

EMAIL CHANGE: _____

EMPLOYEE SIGNATURE: _____

BENEFIT COORDINATOR SIGNATURE: _____

BENEFIT COORDINATOR: _____ DATE: _____

MAIL TO: FBMC Benefits Management, Inc.
ATTN: Enrollment Processing
P.O. Box 1878
Tallahassee, FL 32302

FAX TO: 1.850.514.5803
ATTN: Enrollment Processing